



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

TECH CENTER 1600/2900

OCT 01 2002

RECEIVED

Applicants: Jay M. Edelberg and Robert D. Rosenberg

Serial No.: 09/614,326

Group Art Unit: 1632

Filed: July 12, 2000

Examiner: T. Ton

Confirmation No.: 2553

For: Enhancement of Cardiac Chronotropy

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>9/23/02</u>	<u>Katie Norris</u>
Date	Signature
Katie Norris	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
P.O. Box 2327
Arlington, VA 22202

09/30/2002 BABRAH1 00000018 09614326

01 FC:119 Sir: 320.00 OP

Applicant hereby appeals to the Board of Appeals from the decision dated March 25, 2002 of the Primary Examiner finally rejecting claims 26-30, 32, 33, 43, 45, 48, 52-54, 56-68 and 69-77. The item(s) checked below are appropriate:

1. ☒ [X] Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 25, 2002 for three months from June 25, 2002 to September 25, 2002.
2. ☐ [] A ☐ [] month extension of time to respond to the Office Action Made Final dated ☐ [] was filed on ☐ [] with payment of a \$☐ [] fee.
☐ [] Applicant hereby petitions for an additional ☐ [] month extension of time to respond to the Office Action Made Final.
3. ☐ [] A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 920
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320
<input type="checkbox"/>	Other _____		\$ _____
	TOTAL		\$ 1240

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$1,240 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Doreen M. Hogle
Doreen M. Hogle
Registration No.: 36,361
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: September 23, 2002